

Brandon Eugene Hunter xref: 2359710

Name and Prisoner/Booking Number

Sacramento County Main Jail

Place of Confinement

651 I Street

Mailing Address

Sacramento, CA, 95814

City, State, Zip Code

FILED

AUG 29 2022

CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
BY [Signature]

DEPUTY CLERK

(Failure to notify the Court of your change of address may result in dismissal of this action.)

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF CALIFORNIA**

Brandon Eugene Hunter

(Full Name of Plaintiff)

Plaintiff,

v.

CASE NO. 2:22-cv-01520-JDP(PC)
(To be supplied by the Clerk)

(1) Sacramento County

(Full Name of Defendant)

(2) Adault Correctional Health

(3) Doe 1

(4) Doe 2

Defendant(s).

☐ Check if there are additional Defendants and attach page 1-A listing them.

**CIVIL RIGHTS COMPLAINT
BY A PRISONER**

☒ "Demand for Jury Trial"
Original Complaint

☐ First Amended Complaint

☐ Second Amended Complaint

A. JURISDICTION

1. This Court has jurisdiction over this action pursuant to:

☒ 28 U.S.C. § 1343(a); 42 U.S.C. § 1983

☐ 28 U.S.C. § 1331; Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971).

☐ Other: _____

2. Institution/city where violation occurred: Sacramento County Main Jail

B. DEFENDANTS

1. Name of first Defendant: Sacramento County. The first Defendant is employed as:
Employer at Sacramento County Main Jail
(Position and Title) (Institution)
2. Name of second Defendant: Adult Correctional Health. The second Defendant is employed as:
Employer at Sacramento County Main Jail
(Position and Title) (Institution)
3. Name of third Defendant: DOE 1. The third Defendant is employed as:
Scheduling Nurse / Dental assistant at Sacramento County Main Jail
(Position and Title) (Institution)
4. Name of fourth Defendant: DOE 2. The fourth Defendant is employed as:
Dentist at Sacramento County Main Jail
(Position and Title) (Institution)

If you name more than four Defendants, answer the questions listed above for each additional Defendant on a separate page.

C. PREVIOUS LAWSUITS

1. Have you filed any other lawsuits while you were a prisoner? ☒ Yes ☐ No
2. If yes, how many lawsuits have you filed? 6. Describe the previous lawsuits:
 - a. First prior lawsuit:
 1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____
 - b. Second prior lawsuit:
 1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____
 - c. Third prior lawsuit:
 1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____

If you filed more than three lawsuits, answer the questions listed above for each additional lawsuit on a separate page.

D. CAUSE OF ACTION

CLAIM I

1. State the constitutional or other federal civil right that was violated: Deliberate Indifference

2. Claim I. Identify the issue involved. Check only one. State additional issues in separate claims.

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Basic necessities | <input type="checkbox"/> Mail | <input type="checkbox"/> Access to the court | <input checked="" type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Property | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: _____ | |

3. Supporting Facts. State as briefly as possible the FACTS supporting Claim I. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

- 1.) Plaintiff waited over 40 days for dental treatment, and as of this time continues to wait for treatment. Plaintiff is in severe pain physically and is suffering mentally as the problem continues to worsen. Plaintiff had a temporary filling fall out of his tooth. That problem has turned into plaintiff's entire lower left gumline swelling up, causing pain on plaintiff's entire left face and causing migraines.
- 2.) Plaintiff is requesting this court subpoena medical records of plaintiff as plaintiff has sought those records but medical refuses to supply them. The records will show the exact date plaintiff requested dental treatment, as well as identify Doe 1 the third defendant in this matter. Plaintiff does have a grievance submitted on this issue in my possession dated 7/21/22, but dental has failed to respond to it.
- 3.) Doe 1 is sued in their official and individual capacity for negligence and deliberate indifference, by not scheduling a timely appointment and allowing the problem to worsen.
- 4.) Doe 2 is being sued in their official and individual capacity.

4. Injury. State how you were injured by the actions or inactions of the Defendant(s).

Plaintiff was not informed by the dentist a temporary filling was being used to fill a hole in plaintiff's tooth the dentist created removing a cavity. Swollen gums, hole in tooth, migraines, trouble eating, constant pain.

5. Administrative Remedies:

- a. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
- b. Did you submit a request for administrative relief on Claim I? ☒ Yes ☐ No
- c. Did you appeal your request for relief on Claim I to the highest level? ☒ Yes ☐ No
- d. If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. _____

1 for negligence, and deliberate indifference for failing to
2 see plaintiff within a timely manner after becoming
3 aware of plaintiff's dental problem.

4 5.) Sacramento County is being sued in its official
5 capacity for injunctive relief as to its policies
6 for treating Sacramento County inmates and
7 plaintiff, as well as for being negligent in training
8 its employees how to handle and schedual dental
9 emergency's.

10 6.) Adult Correctional Health is being sued in its
11 official capacity for injunctive relief as to its
12 policies for treatment of Sacramento County inmates
13 and plaintiff, as well as being negligent in training
14 its employees how to handle and schedual dental
15 emergencies.

16 7.) Injunctive relief for perminant fillings, caps,
17 and root cannals, is being sought by plaintiff
18 because AB109 allows the County jail to hold
19 inmates up to 8 years. That is a long term of
20 confinement, and CDCR provides its population
21 with these quality of life treatments, as
22 appose to Sacramento County's temporary
23 fillings and tooth extractions being its populations
24 only choices for dental treatment. California
25 has covered California a medical and dental
26 plan for its indigent population, in wich
27 plaintiff is a California resident and registered
28 voter, and is entitled to free health care and dental.

E. REQUEST FOR RELIEF

State the relief you are seeking:

\$1,000,000 US dollars for pain & suffering and mental anguish.
Injunctive release requiring root canals, permanent fillings, and
caps to be provided to all inmates in the County Jail and Branch
of Sacramento County, especially to plaintiff.
Any other relief the Courts see fit to provide to plaintiff.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 8/24/22
DATE

B. R. A. E.
SIGNATURE OF PLAINTIFF

(Name and title of paralegal, legal assistant, or
other person who helped prepare this complaint)

(Signature of attorney, if any)

(Attorney's address & telephone number)

ADDITIONAL PAGES

All questions must be answered concisely in the proper space on the form. If you need more space you may attach more pages, but you are strongly encouraged to limit your complaint to twenty-five pages. If you attach additional pages, be sure to identify which section of the complaint is being continued and number all pages. Remember, there is no need to attach exhibits to your complaint.